

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

\_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number (if known): \_\_\_\_\_ Chapter \_\_\_\_\_

☐ Check if this is an  
amended filing

**Official Form 201**

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

**1. Debtor's name**

\_\_\_\_\_

**2. All other names debtor used  
in the last 8 years**

Include any assumed names,  
trade names, and *doing business*  
as names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Debtor's federal Employer  
Identification Number (EIN)**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**4. Debtor's address**

**Principal place of business**

**Mailing address, if different from principal place  
of business**

Number Street

Number Street

P.O. Box

City State ZIP Code

City State ZIP Code

**Location of principal assets, if different from  
principal place of business**

County

Number Street

City State ZIP Code

**5. Debtor's website (URL)**

\_\_\_\_\_

Debtor

Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**6. Type of debtor**

- ☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other. Specify: \_\_\_\_\_

**7. Describe debtor's business**

*A. Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

*B. Check all that apply:*

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

*C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.*

\_\_\_\_ \_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

*Check one:*

- ☐ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

Debtor

Name

Case number (if known)

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

☐ No

☐ Yes.

District

When

Case number

MM / DD / YYYY

If more than 2 cases, attach a separate list.

District

When

Case number

MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

☐ No

☐ Yes.

Debtor

Relationship

District

When

MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Case number, if known

**11. Why is the case filed in this district?**

*Check all that apply:*

☐

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☐ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** *(Check all that apply.)*

☐

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐

It needs to be physically secured or protected from the weather.

☐

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐

Other

**Where is the property?**

Number

Street

City

State ZIP Code

**Is the property insured?**

☐ No

☐ Yes.

Insurance agency

Contact name

Phone

**Statistical and administrative information**

Debtor 1629 Reeves, LLC, a Michigan Limited Liability C  
Name

Case number (if known) \_\_\_\_\_

**13. Debtor's estimation of available funds**

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.  
☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

**15. Estimated assets**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**16. Estimated liabilities**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

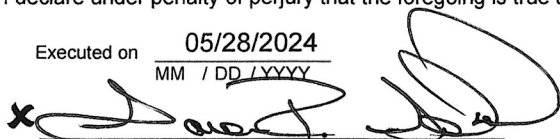
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/28/2024  
MM / DD / YYYY



Signature of authorized representative of debtor

Aaron R. Sokol

Printed name

Title Managing Member



Debtor

Name

Case number (if known)

18. Signature of attorney



Signature of attorney for debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

**1629 REEVES, LLC**  
**FINANCIAL STATEMENTS**  
**YEAR ENDED DECEMBER 31, 2023**

**BALANCE SHEET**

**ASSETS**

Fixed assets	1,510,000
Total assets	<u>1,510,000</u>

**LIABILITIES AND EQUITY**

Mortgages payable	4,575,000
Member's equity	<u>(3,065,000)</u>
Total liability and equity	<u>1,510,000</u>

**INCOME STATEMENT**

Revenue	212,750
Expenses	
Interest expense	74,868
Landscaping	990
Repairs	1,100
Utilities	<u>2,291</u>
	<u>79,249</u>
Net income	<u>133,501</u>

**STATEMENT OF CASH FLOWS**

Cash flows from operating activities	
Net income	133,501
Net cash provided by operating activities	<u>133,501</u>
Cash flows from financing activities	
Net payments on mortgages payable	(100)
Distributions to member	<u>(133,401)</u>
Net cash used in financing activities	<u>(133,501)</u>
Net change in cash and cash equivalents	-
Cash balance, beginning of year	<u>-</u>
Cash balance, end of year	<u>-</u>

022

Date Accepted \_\_\_\_\_

TAXABLE YEAR

**2023**

# California e-file Return Authorization for Limited Liability Companies

FORM

**8453-LLC**

Limited liability company name

California Secretary of State (SOS)  
file number or FEIN

**162 REEVES, LLC**

**87-1142332**

## Part I Tax Return Information (whole dollars only)

<b>1</b>	Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	<b>1</b>	<b>227,500</b>
<b>2</b>	Ordinary income (Form 568, Schedule B, line 23 or Form 568, line 1 for Single Member LLCs)	<b>2</b>	<b>227,500</b>
<b>3</b>	Tax and fee due (Form 568, line 16)	<b>3</b>	
<b>4</b>	Overpayment (Form 568, line 17)	<b>4</b>	
<b>5</b>	Total amount due (Form 568, line 21)	<b>5</b>	

## Part II Settle Your Account Electronically for Taxable Year 2023

<b>6</b>	<input type="checkbox"/> Electronic funds withdrawal	<b>6a</b>	Tax due amount	<b>6b</b>	Withdrawal date (mm/dd/yyyy)
		<b>6c</b>	PTE amount due	<b>6d</b>	Withdrawal date (mm/dd/yyyy)

## Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2024 This is **not** an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
<b>7</b> Amount		
<b>8</b> Withdrawal date (mm/dd/yyyy)		

## Part IV Pass-Through Entity (PTE) Elective Tax Payment for Taxable Year 2024

	First Payment
<b>9</b> Amount	
<b>10</b> Withdrawal date (mm/dd/yyyy)	

## Part V Banking Information (Have you verified the LLC's banking information?)

<b>11</b> Routing number		<b>13</b> Type of account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
<b>12</b> Account number				

## Part VI Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, IV, and V. If I check box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a, line 6c, any 2024 annual tax or estimated fee payment amounts listed on Part III, line 7, and on Part IV, line 9 from the bank account specified in Part V.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2023 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

**Sign  
Here**



Signature of authorized member or manager

Date




**MEMBER**

Title


022

**Part VII Declaration of Electronic Return Originator (ERO) and Paid Preparer.** See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> <b>Must Sign</b>	ERO's signature 	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
					P01471194
	Firm's name (or yours if self-employed) and address	ZWICK CPA, PLLC 20750 CIVIC CENTER DRIVE, SUITE 418 SOUTHFIELD, MI			Firm's FEIN 38-3187343 ZIP code 48076

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b> <b>Must Sign</b>	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			

## 2024 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 3522

FOR THE YEAR ENDING

DECEMBER 31, 2024

Prepared for	162 REEVES, LLC 1629 REEVES LOS ANGELES, CA 90035
Prepared by	ZWICK CPA, PLLC 20750 CIVIC CENTER DRIVE, SUITE 418 SOUTHFIELD, MI 48076
Amount due or refund	BALANCE DUE \$800.00
Make check payable to	FRANCHISE TAX BOARD
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0531
Return must be mailed on or before	APRIL 15, 2024
Special Instructions	

If amount of payment is zero, do not mail this voucher.

**When to pay:**

**Fiscal Year - File and Pay by the 15th day of the 4th month after the beginning of the taxable year.**

**Calendar Year - File and Pay by April 15, 2024.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**Pay online:** Go Green! Enjoy the ease and secure options for online payments.

- **Web pay for businesses** LLCs can make an immediate payment or schedule payments for up to a year in advance.
- **Credit Card** (service fee)

Go to [ftb.ca.gov/pay](https://ftb.ca.gov/pay) for more information. Do not mail this form if you pay online.



**Where to pay:** Using black or blue ink, make a check or money order payable to the "Franchise Tax Board." Write the California SOS file number, FEIN, and "2024 FTB 3522" on the check or money order. Detach the payment voucher from the bottom of the page. Enclose, but **do not** staple, your payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

329921 11-21-23

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

TAXABLE YEAR

CALIFORNIA FORM

**2024****LLC Tax Voucher****3522**

202123910021 162R 87-1142332  
TYB 01-01-2024 TYE 12-31-2024  
162 REEVES LLC

24

FORM 0

1629 REEVES  
LOS ANGELES

CA 90035

Amount of Payment

800.

## 2023 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 568

FOR THE YEAR ENDING

DECEMBER 31, 2023

Prepared for	162 REEVES, LLC 1629 REEVES LOS ANGELES, CA 90035
Prepared by	ZWICK CPA, PLLC 20750 CIVIC CENTER DRIVE, SUITE 418 SOUTHFIELD, MI 48076
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	Total tax \$ 800.00 Less: payments and credits \$ 800.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Mail tax return and check (if applicable) to	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-LLC TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB.
Forms to be distributed to partners	NONE
Return must be mailed on or before	RETURN FORM 8453-LLC TO US BY APRIL 15, 2024.
Special Instructions	DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

TAXABLE YEAR

2023

Limited Liability Company  
Return of Income329851 01-19-24  
CALIFORNIA FORM

568

202123910021 162R 87-1142332 23  
TYB 01-01-2023 TYE 12-31-2023  
162 REEVES LLC1629 REEVES  
LOS ANGELES CA 90035ACCTMETHOD 1 06-10-2021 ASSETS 0.  
INITIAL 0 FINAL 0 AMENDED 0 PROTECTIVE 0

- I (1) During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity? If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes.** • ☐ Yes ☒ No
- (2) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the partnership holds a controlling or majority interest? If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes.** • ☐ Yes ☒ No
- (3) Has California real property (i.e., land, buildings) transferred to the LLC that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)? If yes, during this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? **If yes to both questions, answer yes.** • ☐ Yes ☒ No
- (Yes requires filing of BOE-100-B statement, penalties may apply - see instructions.)**

		Whole dollars only	
Enclose, but do not staple, any payment.	Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		
	1 Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions	1	227,500 00
	2 Limited Liability Company fee. See instructions	2	0 00
	3 2023 annual Limited Liability Company tax. See instructions	3	800 00
	4 Pass-through entity elective tax. See instructions	4	00
	5 Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	5	00
	6 Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank.	6	00
	7 <b>Total tax and fee.</b> Add line 2, line 3, line 4, line 5, and line 6	7	800 00
	8 Amount paid with form FTB 3537 and 2023 form FTB 3522 and form FTB 3536 <b>STMT 1</b>	8	800 00
	9 Amounts paid for pass-through entity elective tax	9	00
	10 Overpayment from prior year allowed as a credit	10	00
	11 Withholding (Form 592-B and/or 593)	11	00
	12 <b>Total payments.</b> Add line 8, line 9, line 10 and line 11	12	800 00
	13 <b>Use tax. This is not a total line.</b> See instructions	13	00
	14 Payments balance. If line 12 is more than line 13, subtract line 13 from line 12	14	800 00
	15 <b>Use tax balance.</b> If line 13 is more than line 12, subtract line 12 from line 13	15	00
	16 <b>Tax and fee due.</b> If line 7 is more than line 14, subtract line 14 from line 7	16	00
	17 <b>Overpayment.</b> If line 14 is more than line 7, subtract line 7 from line 14	17	00



		Whole dollars only	
18	Amount of line 17 to be credited to 2024 tax or fee .....	18	00
19	Refund. If the total of line 18 is less than line 17, subtract the total from line 17 .....	19	.00
20	Penalties and interest. See instructions .....	20	0.00
21	Total amount due. Add line 15, line 16, line 18, and line 20, then subtract line 17 from the result .....	21	0.00

**J** Principal business activity code (Do not leave blank) ..... • 531390  
Business activity REAL ESTATE Product or service REAL ESTATE

**K** Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members ..... • 1

**L** Is this LLC an investment partnership? See General Information O ..... • ☐ Yes ☒ No

**M** (1) Is this LLC apportioning or allocating income to California using Schedule R? ..... • ☐ Yes ☒ No

(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? ..... • ☒ Yes ☐ No

**N** Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? ..... • ☐ Yes ☒ No

**P** (1) Does the LLC have any foreign (non-U.S.) nonresident members? ..... • ☐ Yes ☒ No

(2) Does the LLC have any domestic (non-foreign) nonresident members? ..... • ☐ Yes ☒ No

(3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members? ..... • ☐ Yes ☒ No

**Q** Are any members in this LLC also LLCs or partnerships? ..... • ☐ Yes ☒ No

**R** Is this LLC under audit by the IRS or has it been audited in a prior year? ..... • ☐ Yes ☒ No

**S** Is this LLC a member or partner in another multiple member LLC or partnership? ..... • ☐ Yes ☒ No  
If "Yes," complete Schedule EO, Part I.

**T** Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? ..... • ☒ Yes ☐ No

**U** (1) Is this LLC a business entity disregarded for tax purposes? ..... • ☒ Yes ☐ No

(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? ..... • ☐ Yes ☒ No

(3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources? ..... • ☐ Yes ☒ No

**V** Has the LLC included a Reportable Transaction, or Listed Transaction within this return? ..... • ☐ Yes ☒ No  
(See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction

**W** Did this LLC file the Federal Schedule M-3 (federal Form 1065)? ..... • ☐ Yes ☒ No

**X** Is this LLC a direct owner of an entity that filed a federal Schedule M-3? ..... • ☐ Yes ☒ No

**Y** Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? ..... • ☐ Yes ☒ No  
If "Yes," attach schedule of trusts and federal identification numbers.

**Z** Does this LLC own an interest in a business entity disregarded for tax purposes? ..... • ☒ Yes ☐ No  
If "Yes," complete Schedule EO, Part II.

**AA** Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? ..... • ☐ Yes ☒ No

**BB** Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? ..... • ☐ Yes ☒ No

(continued on Side 3)

(continued from Side 2)

- CC** (1) Is the LLC deferring any income from the disposition of assets? (see instructions) ..... ☐ Yes ☒ No
- (2) If "Yes," enter the year of asset disposition .....
- DD** Is the LLC reporting previously deferred Income from:  
(see instructions) ..... ☐ Installment Sale ☐ IRC §1031 ☐ IRC §1033 ☐ Other
- EE** "Doing business as" name. See instructions: • \_\_\_\_\_
- FF** (1) Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership, Limited Partnership, or Sole Proprietorship in the previous five (5) years? ..... ☐ Yes ☒ No
- (2) If "Yes", provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns filed with the FTB and/or IRS (see instructions): \_\_\_\_\_
- GG** (1) Has this LLC previously operated outside California? ..... ☐ Yes ☒ No
- (2) Is this the first year of doing business in California? ..... ☐ Yes ☒ No
- HH** Is the LLC a section 721(c) partnership, as defined in Treasury Regulations Section 1.721(c)-1T(b)(14)? ..... ☐ Yes ☒ No
- II** At any time during the tax year, were there any transfers between the LLC and its members subject to the disclosure requirements of Regulations section 1.707-8? ..... ☐ Yes ☒ No
- JJ** Check if the LLC: (1) ☐ Aggregated activities for IRC Section 465 at-risk purposes
- (2) ☐ Grouped activities for IRC Section 469 passive activity purposes
- KK** (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ..... ☐ Yes ☒ No

(2) If "Yes," when was the last report filed? (mm/dd/yyyy) •		(3) Amount last remitted ■ \$
<b>Single Member LLC Information and Consent</b> - Complete only if the LLC is disregarded.		• Federal TIN/ SSN 550455357
Sole Owner's name (as shown on owner's return) ● <b>AARON R SOKOL</b>		FEIN/CA Corp no./CA SOS File no.

Street Address, City, State, and ZIP Code **1629 REEVES  
LOS ANGELES, CA 90028**

- What type of entity is the ultimate owner of this SMLLC? Check only one box:
- ☒ (1) Individual ☐ (2) C Corporation ☐ (3) Pass-Through (S corporation, partnership, LLC classified as a partnership)
- ☐ (4) Estate/Trust ☐ (5) Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature ► Date **04/01/24**

<b>Sign Here</b>	Our privacy notice can be found in annual tax booklets or online. Go to <a href="http://ftb.ca.gov/privacy">ftb.ca.gov/privacy</a> to learn about our privacy policy statement, or go to <a href="http://ftb.ca.gov/forms">ftb.ca.gov/forms</a> and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
<b>Paid Preparer's Use Only</b>	Signature of authorized member or manager ►	Date	Telephone
	Authorized member or manager's email address (optional)		
	Paid preparer's signature ►	Date	Check if <input type="checkbox"/> self-employed
	Firm's name (or yours, if self-employed) and address ► <b>ZWICK CPA, PLLC 20750 CIVIC CENTER DRIVE, SUITE 418 SOUTHFIELD, MI 48076</b>		PTIN ● <b>P01471194</b>  Firm's FEIN ● <b>38-3187343</b>  Telephone ● <b>248-356-2330</b>
May the FTB discuss this return with the preparer shown above (see instructions)?			• <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

- 1 a Total California income from Form 568, Schedule B, line 3. See instructions ..... ☒ 1a \_\_\_\_\_  
b Enter the California cost of goods sold from Form 568, Schedule B, line 2  
and from federal Schedule F (Form 1040) (plus California adjustments)  
associated with the receipts assigned to California on lines 1a and 4 ..... ☒ 1b \_\_\_\_\_
- 2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross  
income of this disregarded entity that is not included in lines 1 and 8 through 16 ... ☒ 2a \_\_\_\_\_  
b Enter the cost of goods sold of disregarded entities associated with the receipts  
assigned to California on line 2a ..... ☒ 2b \_\_\_\_\_
- 3 a LLC's distributive share of ordinary income from pass-through entities ..... ☒ 3a \_\_\_\_\_  
b Enter the LLC's distributive share of cost of goods sold from other pass-through  
entities associated with the receipt assigned to California on line 3a (see Schedule  
K-1s (565), Table 3, line 1a) ..... ☒ 3b \_\_\_\_\_  
c Enter the LLC's distributive share of deductions from other pass-through entities  
associated with the receipt assigned to California on line 3a (see Schedule K-1s (565),  
Table 3, line 1b) ..... ☒ 3c \_\_\_\_\_
- 4 Add gross farm income from federal Schedule F (Form 1040).  
Use California amounts ..... ☒ 4 \_\_\_\_\_
- 5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 ..... ☒ 5 \_\_\_\_\_
- 6 Enter the total gains (not losses) from Form 568, Schedule B, line 8 ..... ☒ 6 \_\_\_\_\_
- 7 Add line 1a through line 6 ..... ☒ 7 \_\_\_\_\_
- 8 California rental real estate  
a Enter the total gross rents from federal Form 8825, line 18a ..... ☒ 8a 227,500  
b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 ..... ☒ 8b \_\_\_\_\_  
c Add line 8a and line 8b ..... ☒ 8c 227,500
- 9 Other California rentals.  
a Enter the amount from Schedule K (568), line 3a ..... ☒ 9a \_\_\_\_\_  
b Enter the amount from all Schedule K-1s (565), Table 3, line 3 ..... ☒ 9b \_\_\_\_\_  
c Add lines 9a and 9b ..... ☒ 9c \_\_\_\_\_
- 10 California interest. Enter the amount from Form 568, Schedule K, line 5 ..... ☒ 10 \_\_\_\_\_
- 11 California dividends. Enter the amount from Form 568, Schedule K, line 6 ..... ☒ 11 \_\_\_\_\_
- 12 California royalties. Enter the amount from Form 568, Schedule K, line 7 ..... ☒ 12 \_\_\_\_\_
- 13 California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Sch. K, lines 8 and 9 ..... ☒ 13 \_\_\_\_\_
- 14 California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a ..... ☒ 14 \_\_\_\_\_
- 15 Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a ..... ☒ 15 \_\_\_\_\_
- 16 Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b ..... ☒ 16 \_\_\_\_\_
- 17 Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number.  
Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- ..... ☒ 17 227,500

CA 568	AMOUNT PAID WITH FORMS 3537, 3522, 3536	STATEMENT	1
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DESCRIPTION	AMOUNT
AMOUNT PAID WITH FORM 3537	0.
AMOUNT PAID WITH FORM 3522	800.
AMOUNT PAID WITH FORM 3536	0.
TOTAL TO FORM 568, LINE 8	800.

**Fill in this information to identify the case:**

Debtor name \_\_\_\_\_  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)  
Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1							
2							
3							
4							
5							
6							
7							
8							

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address	FOR COURT USE ONLY
<b>UNITED STATES BANKRUPTCY COURT</b> <b>CENTRAL DISTRICT OF CALIFORNIA - _____ DIVISION</b>	
In re:	CASE NO.: CHAPTER: 11
Debtor(s).	<div style="text-align: center;"> <b>ATTACHMENT TO VOLUNTARY PETITION FOR NON-INDIVIDUAL FILING FOR BANKRUPTCY UNDER CHAPTER 11</b> </div> <p style="font-size: small; margin-top: 10px;"> <i>[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this form shall be completed and attached to the petition.]</i> </p>

1. If any of the Debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is \_\_\_\_\_.

2. The following financial data is the latest available information and refers to the debtor's condition on \_\_\_\_\_.

- a. Total assets \$ \_\_\_\_\_
- b. Total debts (including debts listed in 2.c., below) \$ \_\_\_\_\_
- c. Debt securities held by more than 500 holders

				Approximate number of holders:
<input type="checkbox"/> secured	<input type="checkbox"/> unsecured	<input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured	<input type="checkbox"/> unsecured	<input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured	<input type="checkbox"/> unsecured	<input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured	<input type="checkbox"/> unsecured	<input type="checkbox"/> subordinated	\$	
<input type="checkbox"/> secured	<input type="checkbox"/> unsecured	<input type="checkbox"/> subordinated	\$	

d. Number of shares of preferred stock \_\_\_\_\_

e. Number of shares of common stock \_\_\_\_\_

Comments, if any:

3. Brief description of the Debtor's business:

4. List the names of any persons who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of the Debtor:

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar No. & Email Address		FOR COURT USE ONLY	
<input type="checkbox"/> Attorney for:			
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - _____ DIVISION			
In re:	CASE NO.: ADVERSARY NO.: CHAPTER:		
Debtor(s).			
Plaintiff(s),	<b>CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1) and 7007.1, and LBR 1007-4</b>		
Defendant(s).	[No hearing]		

*Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.*

I, *(Printed name of attorney or declarant)* \_\_\_\_\_, the undersigned in the above-captioned case, hereby declare under penalty of perjury under the laws of the United States that the following is true and correct:

**[Check the appropriate boxes and, if applicable, provide the required information.]**

1. I have personal knowledge of the matters set forth in this Statement because:

- ☒ I am the president or other officer or an authorized agent of the Debtor corporation  
☐ I am a party to an adversary proceeding  
☐ I am a party to a contested matter  
☐ I am the attorney for the Debtor corporation

2.a. ☐ The following entities, other than the Debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[For additional names, attach an addendum to this form.]

b. ☒ There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

Date: 05/28/2024

By: \_\_\_\_\_

Signature of Debtor, or attorney for Debtor

Name: 1629 Reeves, LLC

Printed name of Debtor, or attorney for Debtor




**STATEMENT OF RELATED CASES  
INFORMATION REQUIRED BY LBR 1015-2  
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
  
2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)
  
3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)  
In re 1629 Reeves, LLC, Case No. 2:21-bk- 15810-NB, Hon. Neal W. Bason, Chapter 11, Case dismissed on debtor's motion
  
4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A/B that was filed with any such prior proceeding(s).)

I declare, under penalty of perjury, that the foregoing is true and correct.

Executed at Los Angeles, California

  
\_\_\_\_\_  
Signature of Debtor 1

Date: 05/28/2024

\_\_\_\_\_  
Signature of Debtor 2

**Fill in this information to identify the case:**

Debtor name \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an  
amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*.....

\$ \_\_\_\_\_

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$ \_\_\_\_\_

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$ \_\_\_\_\_

#### Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$ \_\_\_\_\_

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$ \_\_\_\_\_

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$ \_\_\_\_\_

4. **Total liabilities**.....  
Lines 2 + 3a + 3b

\$ \_\_\_\_\_

## Fill in this information to identify the case:

Debtor name \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an  
amended filing

## Official Form 206A/B

## Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☐ Yes. Fill in the information below.

## All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's  
interest

## 2. Cash on hand

\$ \_\_\_\_\_

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. \_\_\_\_\_ \$ \_\_\_\_\_

3.2. \_\_\_\_\_ \$ \_\_\_\_\_

## 4. Other cash equivalents (Identify all)

4.1. \_\_\_\_\_ \$ \_\_\_\_\_

4.2. \_\_\_\_\_ \$ \_\_\_\_\_

## 5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ \_\_\_\_\_

## Part 2: Deposits and prepayments

## 6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of  
debtor's interest

## 7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. \_\_\_\_\_ \$ \_\_\_\_\_

7.2. \_\_\_\_\_ \$ \_\_\_\_\_

Debtor

Name

Case number (if known)

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☐ Yes. Fill in the information below.**Current value of debtor's  
interest****11. Accounts receivable**11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ = ..... →  
face amount doubtful or uncollectible accounts \$ \_\_\_\_\_11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ = ..... →  
face amount doubtful or uncollectible accounts \$ \_\_\_\_\_**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ \_\_\_\_\_

**Part 4: Investments****13. Does the debtor own any investments?**☐ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method  
used for current value****Current value of debtor's  
interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \_\_\_\_\_ \$ \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ \_\_\_\_\_

Debtor

Main Document

Page 25 of 58

Name

Case number (if known)

**Part 5:** Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>20. Work in progress</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>21. Finished goods, including goods held for resale</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>22. Other inventory or supplies</b>				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
<b>23. Total of Part 5</b>				\$ _____
Add lines 19 through 22. Copy the total to line 84.				

**24. Is any of the property listed in Part 5 perishable?**

- ☐ No
- ☐ Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☐ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☐ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>28. Crops—either planted or harvested</b>			
_____	\$ _____	_____	\$ _____
<b>29. Farm animals</b> <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
<b>30. Farm machinery and equipment</b> (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
<b>31. Farm and fishing supplies, chemicals, and feed</b>			
_____	\$ _____	_____	\$ _____
<b>32. Other farming and fishing-related property not already listed in Part 6</b>			
_____	\$ _____	_____	\$ _____

Debtor

Main Document

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Name

Case number (if known)

**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ \_\_\_\_\_

**34. Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
_____	\$ _____	_____	\$ _____
<b>40. Office fixtures</b>			
_____	\$ _____	_____	\$ _____
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
_____	\$ _____	_____	\$ _____
<b>42. Collectibles</b> <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ \_\_\_\_\_

**44. Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☐ Yes**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**☐ No☐ Yes

Debtor

Main Document Page 27 of 58

Name

Case number (if known)

**Part 8:** Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

**48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

**49. Aircraft and accessories**

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

**51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$ \_\_\_\_\_

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No
- ☐ Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

Debtor

Name

Case number (if known)

**Part 9:** Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☐ Yes. Fill in the information below.

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

**56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ \_\_\_\_\_

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☐ No
- ☐ Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☐ No
- ☐ Yes

**Part 10:** Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets _____	\$ _____	_____	\$ _____
61. Internet domain names and websites _____	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties _____	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations _____	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property _____	\$ _____	_____	\$ _____
65. Goodwill _____	\$ _____	_____	\$ _____

**66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$ \_\_\_\_\_



Debtor

Name

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 11:** All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☐ Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ — \_\_\_\_\_ = → \$ \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Tax year \_\_\_\_\_ \$ \_\_\_\_\_

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ \_\_\_\_\_

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

Debtor

Main Document

Page 30 of 58

Name

Case number (if known)

## Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ _____	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ _____	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ _____	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ _____	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ _____	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ _____	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ _____	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ _____	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> . . . . . ➔		\$ _____
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ _____	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ \$ _____	
91. <b>Total.</b> Add lines 80 through 90 for each column. . . . . 91a.	\$ _____	+ 91b. \$ _____
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. . . . .		\$ _____

## Fill in this information to identify the case:

Debtor name \_\_\_\_\_  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)  
Case number (if known): \_\_\_\_\_

☐ Check if this is an  
amended filing

## Official Form 206D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☐ Yes. Fill in all of the information below.

## Part 1: List Creditors Who Have Secured Claims

## 2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value  
of collateral.

Column B

Value of collateral  
that supports this  
claim

## 2.1 Creditor's name

Describe debtor's property that is subject to a lien

\_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's mailing address

\_\_\_\_\_  
\_\_\_\_\_

Describe the lien

Creditor's email address, if known

\_\_\_\_\_

Is the creditor an insider or related party?

- ☐ No  
☐ Yes

Date debt was incurred \_\_\_\_\_

Is anyone else liable on this claim?

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account  
number \_\_\_\_\_Do multiple creditors have an interest in the  
same property?

- ☐ No  
☐ Yes. Specify each creditor, including this creditor,  
and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## 2.2 Creditor's name

Describe debtor's property that is subject to a lien

\_\_\_\_\_

\$ \_\_\_\_\_

Creditor's mailing address

\_\_\_\_\_  
\_\_\_\_\_

Describe the lien

Creditor's email address, if known

\_\_\_\_\_

Is the creditor an insider or related party?

- ☐ No  
☐ Yes

Date debt was incurred \_\_\_\_\_

Is anyone else liable on this claim?

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account  
number \_\_\_\_\_Do multiple creditors have an interest in the  
same property?

- ☐ No  
☐ Yes. Have you already specified the relative  
priority?  
☐ No. Specify each creditor, including this  
creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

- ☐ Yes. The relative priority of creditors is  
specified on lines \_\_\_\_\_

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional  
Page, if any.

\$ \_\_\_\_\_

Debtor

Name

Main Document

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Case number (if known)

## Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name

Describe debtor's property that is subject to a lien

\$

\$

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

☐ No☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

☐ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

\_ \_ \_ \_

Do multiple creditors have an interest in the same property?

☐ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines \_ \_ \_ \_

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

2. Creditor's name

Describe debtor's property that is subject to a lien

\$

\$

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

☐ No☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

☐ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Last 4 digits of account number

\_ \_ \_ \_

Do multiple creditors have an interest in the same property?

☐ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines \_ \_ \_ \_

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

**If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.**

[illegible]

**Fill in this information to identify the case:**

Debtor \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number \_\_\_\_\_  
(If known)

☐ Check if this is an amended filing

**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1:** List All Creditors with **PRIORITY** Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☐ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☐ No
- ☐ Yes

**Total claim****Priority amount**

\$ \_\_\_\_\_

**2.2** Priority creditor's name and mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☐ No
- ☐ Yes

**2.3** Priority creditor's name and mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of **PRIORITY** unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

As of the petition filing date, the claim is: \$ \_\_\_\_\_

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim: \_\_\_\_\_

Is the claim subject to offset?

- ☐ No
- ☐ Yes

## Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) (\_\_\_\_)

## Part 4:

## Total Amounts of the Priority and Nonpriority Unsecured Claims

## 5. Add the amounts of priority and nonpriority unsecured claims.

## Total of claim amounts

5a. Total claims from Part 1

5a. \$ \_\_\_\_\_

5b. Total claims from Part 2

5b. + \$ \_\_\_\_\_

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ \_\_\_\_\_



**Fill in this information to identify the case:**

Debtor name \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number (If known): \_\_\_\_\_ Chapter \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

**12/15**

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

**2.1**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.2**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.3**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.4**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**2.5**

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**Fill in this information to identify the case:**

Debtor name \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206H**

**Schedule H: Codebtors**

**12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:

Debtor Name 1629 Reeves, LLC  
United States Bankruptcy Court for the: Central District of CA  
(State)  
Case number (if known): \_\_\_\_\_

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration Disclosure of Compensation Of Attorney for Debtor(s)

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/28/2024  
MM / DD / YYYY

x

Signature of individual signing on behalf of debtor

Aaron Robert Sokol

Printed name

Managing Member

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name \_\_\_\_\_  
United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)  
Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

**Sources of revenue**  
Check all that apply

**Gross revenue**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From \_\_\_\_\_ to Filing date  
MM / DD / YYYY

☐ Operating a business  
☐ Other \_\_\_\_\_

\$ \_\_\_\_\_

**For prior year:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

☐ Operating a business  
☐ Other \_\_\_\_\_

\$ \_\_\_\_\_

**For the year before that:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

☐ Operating a business  
☐ Other \_\_\_\_\_

\$ \_\_\_\_\_

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**From the beginning of the fiscal year to filing date:**

From \_\_\_\_\_ to Filing date  
MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For prior year:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

**For the year before that:**

From \_\_\_\_\_ to \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

\_\_\_\_\_ \$ \_\_\_\_\_

Debtor

Name

Case number (if known)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2. Creditor's name Street City State ZIP Code		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name Street City State ZIP Code  Relationship to debtor		\$	
4.2. Insider's name Street City State ZIP Code  Relationship to debtor		\$	

Debtor \_\_\_\_\_ Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name _____ Street _____ City State ZIP Code	_____ _____ _____	_____ _____ _____	\$ _____
5.2. Creditor's name _____ Street _____ City State ZIP Code	_____ _____ _____	_____ _____ _____	\$ _____

### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name _____ Street _____ City State ZIP Code	_____ _____ _____ Last 4 digits of account number: XXXX- ____	_____ _____ _____	\$ _____

## Part 3: Legal Actions or Assignments

### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Case title _____ Case number _____ Case title _____ Case number _____	_____ _____ _____ _____ _____	_____ Name _____ Street _____ City State ZIP Code _____ Court or agency's name and address _____ Name _____ Street _____ City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded  <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Case title _____ Case number _____	_____ _____ _____	_____ Name _____ Street _____ City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor

Name

Case number (if known)

## 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Custodian's name and address	Description of the property	Value
Custodian's name		\$
Street		
City State ZIP Code		
	Case title	Court name and address
	Case number	Name
		Street
	Date of order or assignment	City State ZIP Code

## Part 4: Certain Gifts and Charitable Contributions

### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			
9.2. Recipient's name			\$
Street			
City State ZIP Code			
Recipient's relationship to debtor			

## Part 5: Certain Losses

### 10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
			\$

Debtor \_\_\_\_\_ Name \_\_\_\_\_ Case number (if known) \_\_\_\_\_

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. _____ <b>Address</b> _____ Street _____ City State ZIP Code <b>Email or website address</b> _____ <b>Who made the payment, if not debtor?</b> _____	_____ _____ _____	_____	\$ _____

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____ <b>Address</b> _____ Street _____ City State ZIP Code <b>Email or website address</b> _____ <b>Who made the payment, if not debtor?</b> _____	_____ _____ _____	_____	\$ _____

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☐ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
_____ <b>Trustee</b> _____	_____ _____	_____	\$ _____



Debtor \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name

### 13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
<b>Address</b> _____ Street _____ _____ City State ZIP Code			
<b>Relationship to debtor</b> _____			
13.2. _____	_____	_____	\$ _____
<b>Address</b> _____ Street _____ _____ City State ZIP Code			
<b>Relationship to debtor</b> _____			

### Part 7: Previous Locations

#### 14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____ Street _____ City State ZIP Code	_____	_____
14.2. _____ Street _____ City State ZIP Code	_____	_____

Debtor

Name

Case number (if known)

## Part 8: Health Care Bankruptcies

### 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
- ☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
- ☐ Paper

## Part 9: Personally Identifiable Information

### 16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
- ☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

- ☐ No
- ☐ Yes

### 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
- ☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Has the plan been terminated?

- ☐ No
- ☐ Yes

Debtor

Name

Case number (if known)

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Name Street City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2. Name Street City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code	_____ _____ _____ <b>Address</b> _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name Street City State ZIP Code	_____ _____ _____ <b>Address</b> _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Name

Case number (if known)

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$
Street			
City State ZIP Code			

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☐ No
- ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☐ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor

Name

Case number (if known)

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☐ No  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name Street City State ZIP Code		EIN: _____ Dates business existed From _____ To _____
25.2. Business name and address Name Street City State ZIP Code	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
25.3. Business name and address Name Street City State ZIP Code	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____

Debtor \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. _____ Name _____ Street _____ City State ZIP Code	From _____ To _____

Name and address	Dates of service
26a.2. _____ Name _____ Street _____ City State ZIP Code	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
26b.1. _____ Name _____ Street _____ City State ZIP Code	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name _____ Street _____ City State ZIP Code	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ Name _____ Street _____ City State ZIP Code	_____ _____ _____

Debtor \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name

**Name and address**

**If any books of account and records are  
unavailable, explain why**

26c.2.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

**Name and address**

26d.1.

Name

Street

City

State

ZIP Code

**Name and address**

26d.2.

Name

Street

City

State

ZIP Code

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of  
inventory**

**The dollar amount and basis (cost, market, or  
other basis) of each inventory**

\$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

Debtor \_\_\_\_\_ Case number (if known) \_\_\_\_\_  
Name

Name of the person who supervised the taking of the inventory

Date of  
inventory

The dollar amount and basis (cost, market, or  
other basis) of each inventory

\$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☐ Yes. Identify below.

Name and address of recipient

Amount of money or  
description and value of  
property

Dates

Reason for  
providing the value

30.1.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Relationship to debtor



Debtor 1629 Reeves, LLC Case number (if known) \_\_\_\_\_  
Name

**Name and address of recipient**

30.2

Name

Street

City

State

ZIP Code

**Relationship to debtor**

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: \_\_\_\_\_

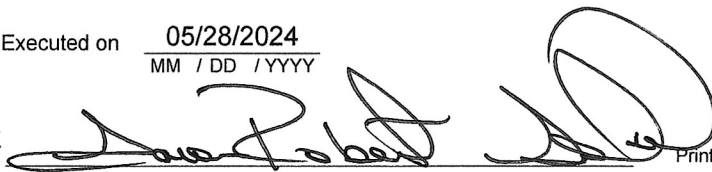
**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/28/2024  
MM / DD / YYYY

x 

Printed name Aaron Robert Sokol

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

# United States Bankruptcy Court

\_\_\_\_\_ District Of \_\_\_\_\_

In re           

Case No. \_\_\_\_\_

Debtor

Chapter \_\_\_\_\_

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ \_\_\_\_\_

Prior to the filing of this statement I have received ..... \$ \_\_\_\_\_

Balance Due ..... \$ \_\_\_\_\_

2. The source of the compensation paid to me was:

☐ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

\_\_\_\_\_  
*Date*

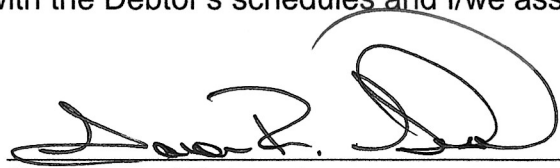
\_\_\_\_\_  
*Signature of Attorney*

\_\_\_\_\_  
*Name of law firm*

<p>Attorney or Party Name, Address, Telephone &amp; FAX Nos., State Bar No. &amp; Email Address John P. Kreis (103737) JOHN P. KREIS, PC 863 S. rimpau Blvd. Los Angeles, CA 90005</p> <p><input type="checkbox"/> Debtor(s) appearing without attorney <input checked="" type="checkbox"/> Attorney for Debtor</p>	<p>FOR COURT USE ONLY</p>
<p><b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - LOS ANGELES DIVISION</b></p>	
<p>In re: 1629 REEVES, LLC</p> <p>Debtor(s).</p>	<p>CASE NO.: CHAPTER: 11</p> <p><b>VERIFICATION OF MASTER MAILING LIST OF CREDITORS [LBR 1007-1(a)]</b></p>

Pursuant to LBR 1007-1(a), the Debtor, or the Debtor's attorney if applicable, certifies under penalty of perjury that the master mailing list of creditors filed in this bankruptcy case, consisting of 1 sheet(s) is complete, correct, and consistent with the Debtor's schedules and I/we assume all responsibility for errors and omissions.

Date: 05/30/2024

  
\_\_\_\_\_  
Signature of Debtor 1

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Debtor 2 (joint debtor) (if applicable)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney for Debtor (if applicable)

1629 Reeves Street  
Los Angeles, CA 90035

Claudine Sokol  
2257 Hillsboro Ave.  
Los Angeles, CA 90034

JMAC Lending  
16782 Von Karmen Ave. # 12  
Irvine, CA 92606

Franchise Tax Board Bankruptcy Unit  
MSA – 340  
PO Box 2952  
Sacramento, CA 95812 – 2952

Franchise Tax Board  
PO Box 942857  
Sacramento, CA 94257-0511

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101 – 7346

Lawrence Feigen  
703 Park Lane  
Cedarhurst, NY 11516

Logan Investments  
5000 N. Parkway Calabasas, Suite 200  
Calabasas, CA 91302

Los Angeles County Tax Collector  
PO Box 54110  
Los Angeles, CA 90054 – 0110

State Board of Equalization  
Account Information Group  
MIC 29  
PO Box 842879  
Sacramento, CA 94279 – 0029

UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA

In re:  
1629 REEVES, LLC

CASE NUMBER:

Debtor(s).

**DEBTOR'S REQUEST TO ACTIVATE  
ELECTRONIC NOTICING (DeBN)**

Debtor Electronic Bankruptcy Noticing (DeBN) is a voluntary program that enables a debtor to receive by email the orders and court-generated notices normally sent by U.S. mail to a mailing address. **A debtor must complete and file this form with the court to activate a DeBN account. Joint debtors must each complete and file a separate form.**

**ACTIVATION REQUEST**

- ☒ Pursuant to Federal Rule of Bankruptcy Procedure 9036, I request that the court deliver orders and court-generated notices to my email address rather than by U.S. mail to my mailing address.

**DEBTOR'S NAME AND EMAIL ADDRESS**

**My name is:** Aaron Robert Sokol

**My email address is:**  
(CAPITAL letters only)

A A R O N S O K O L @ G M A I L . C O M

**Confirm email address:**  
(CAPITAL letters only)

A A R O N S O K O L @ G M A I L . C O M

Select one:

- ☐ I am the Debtor in this bankruptcy case.
- ☒ The Debtor in this bankruptcy case is a corporation, partnership, or other legal entity, and I am the authorized representative.

**DEBTOR'S SIGNATURE**

1. I understand that **my request is limited** to the email delivery of only orders and court-generated notices that are filed by the U.S. Bankruptcy Court. Documents filed by a bankruptcy trustee, creditors, and other parties that require service upon me must continue to be served by U.S. mail or in person as required by court rules.
2. I understand that by requesting email notification, the court may establish my DeBN account and deliver to me, by email, documents filed by the court **in any current or future case** from any bankruptcy court in which I am listed with the same name and mailing address, including cases in which I am a creditor, plaintiff or defendant.
3. I understand that I will be assigned a DeBN account number and **my DeBN account will be activated** after I complete, sign, and file this "Debtor's Request to Activate Electronic Noticing (DeBN)" form.
4. I understand that emails sent by the court's noticing center may arrive in my email spam folder and I should regularly check it for electronic delivery of my orders and court-generated notices. I understand further that my DeBN account will be deactivated by the court if an email is returned undelivered or "bounces back," and the court **will instead serve orders and court-generated notices delivered by U.S. mail to my mailing address.**

*I have read and understand the requirements set forth above and I agree to the terms and conditions of the Debtor Electronic Bankruptcy Noticing (DeBN) program. I request delivery of orders and court-generated notices to my email address indicated above rather than to my mailing address.*

Date: 05/28/2024

Signature:

